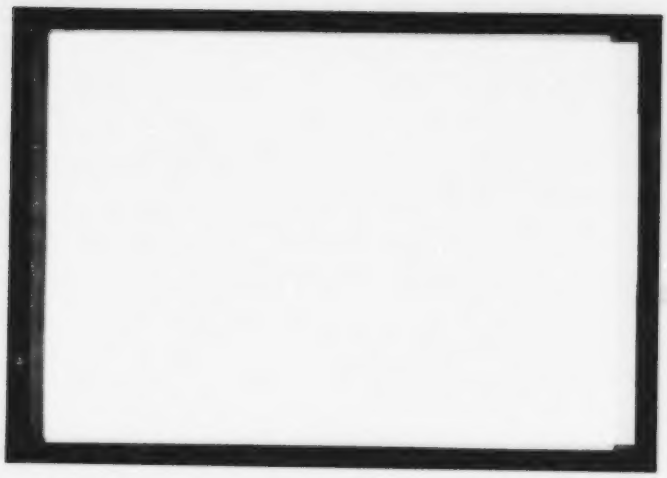


Manitoba Health Health Promotion

TOWARDS

ACHIEVING HEALTH

FOR MANITOBANS

REPORT OF A FEDERAL PROVINCIAL WORKSHOP

ON HEALTH PROMOTION

September 25, 1987

Winnipeg, Manitoba

TABLE OF CONTENTS

	PAGE
INTRODUCTION	(ii)
PROCEEDINGS	
OPENING ADDRESS	
- Jay Kaufman	1
ACHIEVING HEALTH FOR ALL: A FRAMEWORK FOR HEALTH PROMOTION	2
- Lavada Pinder	
- Signe Hansen	
ACTIVE HEALTH REPORT	7
- Dr. Reg Warren	
MANITOBA DATA	10
- Dr. Ian Johnson	
HEALTH PROMOTION IN MANITOBA	12
- Ulrich Wendt	
- Margaret Campbell	
- Jim Evanchuk	
SMALL GROUP DISCUSSION	
Implications of Frameworks and Data	19
Application of Framework and Data	20
SUMMARY AND EVALUATION	21
APPENDICES	
A. List of Participants	22
B. Manitoba Data from Health Promotion Survey	28

INTRODUCTION

Health Promotion embodies a holistic definition of health, focussing not just on the absence of disease but on total physical, social and mental well-being. Health promotion is intended to enhance and support self-responsibility especially in areas where the evidence suggests that the need is greatest. "Achieving Health For Manitobans" was a one-day health promotion workshop sponsored jointly by Manitoba Health and Health and Welfare Canada to discuss health promotion in light of this definition.

Objectives of the workshop were:

1. to discuss the Provincial and Federal health promotion frameworks;
2. to inform participants of the nature and type of health promotion data that is available to them;
3. to establish a cooparative analysis between existing Manitoba data and Federal data; and
4. to review community mobilization as a service delivery process.

Sixty representatives from the Federal and Provincial departments of health attended the workshop. The names of the participants are shown in Appendix A.

Presentations given by Federal and Provincial representatives focussed on theoretical and practical aspects of health promotion. The results of the 1985 Health Promotion survey were presented with an emphasis on the Manitoba data. Small group discussions centered on the implications and applications

group discussions centered on the implications and applications of the frameworks and Manitoba data for health promotion activities.

The workshop offered a valuable opportunity for dialogue on health promotion and similar workshops are planned for the future. Copies of the Federal documents, "Achieving Health for All" and "The Active Health Report" are available from:

Western Regional Office
Health Promotion Directorate
603-213 Notre Dame Avenue
Winnipeg, Manitoba
R3B 1N3

Opening Welcome

Mr. Jay Kaufman, Associate Deputy Minister of Health, Province of Manitoba, gave an opening welcome to workshop participants. In his address, he emphasized that Manitoba Health is committed to a strong health promotion and preventive thrust. Health promotion continues to be a "tough sell" item, Mr. Kaufman asserted that it is gaining recognition and support at all levels. He stated he feels very positive regarding the direction in cooperation and collaboration evident in current health promotion initiatives. In closing, Mr. Kaufman hoped the workshop would prove informative to participants and provide an opportunity to share new ideas.

ACHIEVING HEALTH FOR ALL

INTRODUCTION

Lavada Pinder, Acting Director General, Health Promotion Directorate, Health and Welfare Canada, provided an overview of the federal health promotion framework, "Achieving Health for All". Signey Hansen, Regional Director of the Federal Health Promotion Directorate in Winnipeg presented three examples of Manitoba initiatives which implement the health promotion strategies of the framework: The Village Clinic, The Manitoba Interagency Council on Smoking and Health, and the Consulting Committee on the Status of Women with disabilities. Both presentations are reported below.

"Achieving Health For All - A Framework For Health Promotion"

The document "Achieving Health for All" was first introduced in November 1986. Since that time, thousands of copies have been distributed throughout Canada and discussions have taken place encouraging people to share their ideas about health and health promotion. Federal Health Promotion staff have held workshops in several provinces and are continuing to do so in order to foster nationwide discussion.

The "Achieving Health for All" framework portrays health as a part of everyday living, a resource which gives people the ability to manage and to change their surroundings. This view of health recognizes freedom of choice and emphasizes the role of individuals and communities in defining what health means to them.

Three national health challenges face us today. These are: reducing inequities, increasing the prevention effort and enhancing people's capacity to cope.

Despite the superior health services system in Canada, people's health status remains directly related to their economic status. The unemployed, welfare recipients, single women supporting children and minorities such as natives and immigrants have a higher chance of experiencing poor health than others. Canada has not done enough to deal with these disparities. Therefore reducing inequities is the first health challenge facing Canadians today.

The second challenge is to find new and more effective ways of preventing the occurrence of injuries, illness, chronic conditions and their resulting disabilities. Although considerable progress has been made in this regard, there is still much work to be done. It is estimated that the use of preventive measures with adults can lead to a future 50 percent reduction in the incidence of lung cancer and heart disease.

The third health challenge is to enhance people's ability to manage and cope with chronic conditions, disabilities and mental health problems. Canada is experiencing an "age boom" and the number of older people in this country will more than double within the next thirty-five years. It is particularly important to ensure that people are supported in the area of mental health.

Health promotion is defined as "the process of enabling people to increase control over, and to improve, their health". Three mechanisms intrinsic to health promotion are: self care, or the decisions and actions individuals take in the interest of their own health; mutual aid, or the actions people take to help each other cope; and healthy environments, or the creation of conditions and surroundings conducive to health.

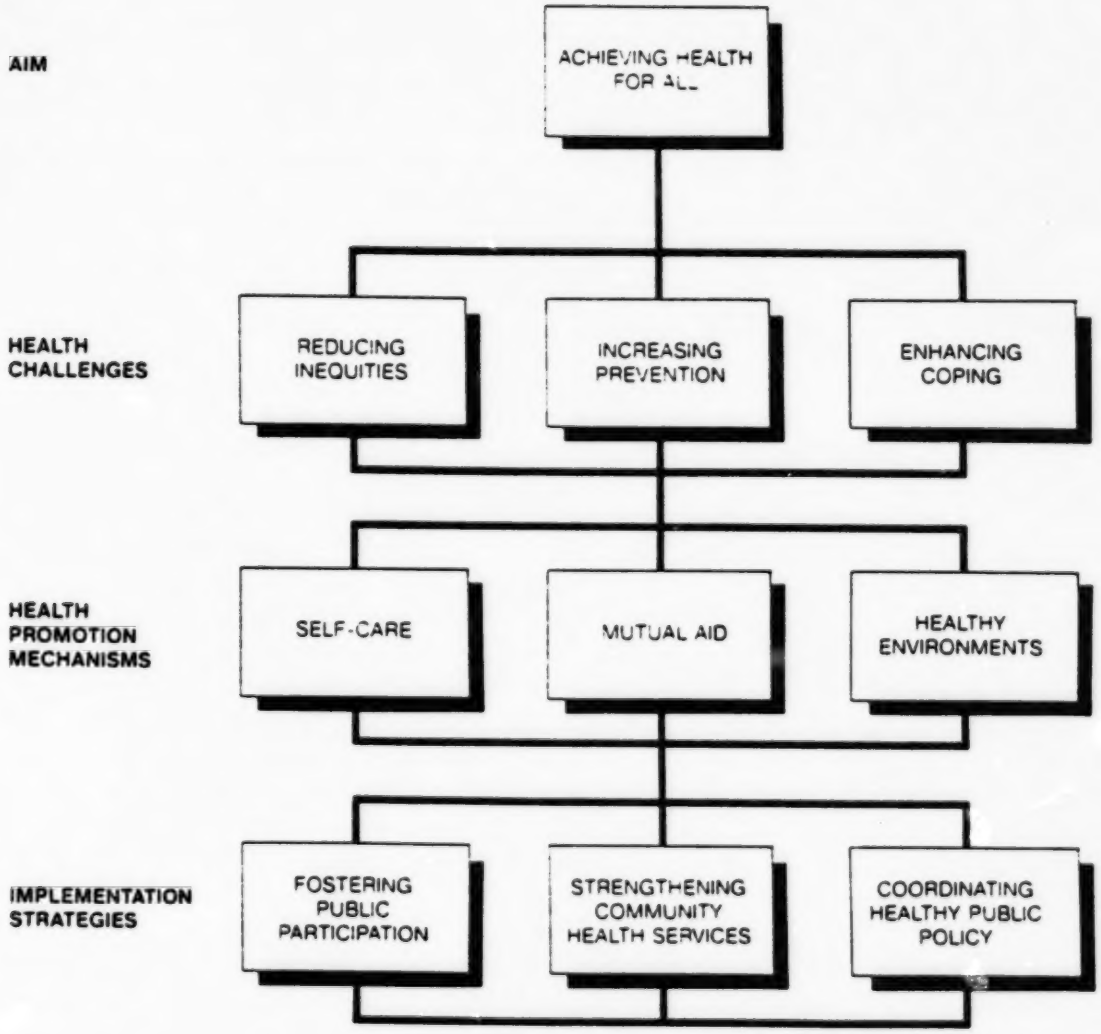
The leading strategies or processes whereby Canada can act decisively in response to the health challenges are: fostering public participation; strengthening community health services; and coordinating healthy public policy. These mutually reinforcing strategies, taken together with the mechanisms, comprise the basic elements of the Health Promotion Framework, as depicted in Figure 1.

Certain implementation principles of the framework are important to consider. They include: beginning where the people are involving the community making the most of resources and adopting a comprehensive approach.

Overall, the Health Promotion Framework links together a set of strategies and mechanisms that are needed to support and encourage Canadians as they strive to live full, healthy lives.

FIGURE 1

A FRAMEWORK FOR HEALTH PROMOTION



SOURCE: Achieving Health for All: A Framework for Health Promotion
November, 1986, Ottawa, Ontario

EXAMPLES OF HEALTH PROMOTION ACTIVITIES

Three examples of the framework's application include: The Village Clinic, Manitoba Interagency Council on Smoking and Health, and the Consulting Committee on The Status of Women with Disabilities.

1) Village Clinic

This community health clinic has as its aim to increase AIDS awareness and education at the community level. It utilizes all three health promotion mechanisms in order to address the AIDS issue. Examples of the implementation of these strategies include workshops for high risk population informing them of safe sex practices, teaching of new self-care practices and enhancing the follow-up and support of those who are identified as being "at risk".

2) Manitoba Interagency Council on Smoking and Health :

This interagency group has representation from all levels of government as well as non-government organizations involved in smoking reduction. The group coordinates healthy public policy and works towards creating healthy environments for Manitobans.

3) Consulting Committee on the Status of Women with Disabilities

This committee began in 1985 with government and agency support to enhance accessibility of resources for women with disabilities. The committee has begun where women are at in examining ways to access resources, and has provided a valuable support for women with disabilities.

ACTIVE HEALTH REPORT

Dr. Reg Warren, biostatistician with the Health Promotion Studies Unit, presented highlights of the Health Promotion Survey which was undertaken by the Health Promotion Directorate of Health and Welfare Canada, and Statistics Canada in June of 1985.

The purpose of the survey was to explore the health-related knowledge, attitudes, beliefs and behaviors of adult Canadians. The survey used random digit dialing to contact households all across Canada and received a response rate of 81 per cent. Over 11,000 people aged 15 and over participated in the survey. Three areas examined in the survey were the participants' self-reported health status, factors affecting health, and factors affecting health behaviors.

Dr. Warren pointed out some of the limitations of the survey, despite its size and range. These included:

1) only the non-institutionalized population was surveyed;
2) children were excluded;
3) certain health topics were excluded; and
4) the 3 per cent of Canadians who do not have telephones were excluded.

In the survey, Canadians generally perceived themselves to be quite healthy; 61 per cent rated their health as excellent or very good, while only 12 per cent considered it to be fair or poor. There were no significant differences in self-rated health between men and women. The question arises as to whether Canadians are really as healthy as they think. Further, how do we get people to improve their health and to support the major health challenges facing the country if they feel that their health is already good?

The survey found that most Canadians think they are striving for health and that is is backed both by their behavior and by the way they rate their health. However, among people who said they make more of an effort to improve their health than others their own age, it was found that: 37 per cent do not get regular exercise; 30 per cent smoke; 33 per cent do not regularly use seatbelts; and 40 per cent do not have their blood pressure taken regularly. Nearly two out of three responders indicated they had done something in the previous year to improve their health. Increasing exercise was the most frequent change that people made, being cited by 29 per cent of respondents.

The survey found that only a minority of Canadians reported poor health practices in the health risk avoidance category and the health improvement category. The survey looked at health-risk avoidance in four categories: smoking, drinking, drinking and driving, and illicit drug-use. While 66 per cent of Canadians acknowledged that there is something they should be doing to improve their health only 50 per cent of them actually intend to make this improvement. Those who rated their health as good or very good were most likely to feel that there was

something they should do to improve their health. The survey found that 41 per cent of Canadians felt they should exercise more.

A major finding in the survey was that although information is essential in instigating individual behavior change, it is not sufficient to support change by its lf. Strong influences on health behavior are family, friends and social environment.

An area also examined in the survey was that of inequalities and health. Overall, Canadians in the lowest income bracket were three times more likely to rate their health as poor than those in the highest income group. Canadians with poor education are three times more likely to rate their health as only fair or poor.

Dr. Warren pointed cut that nearly 80 per cent of Canadians indicated that they did not need any more information on health topics. However, there was strong support for government action on a variety of health topics including road safety, drug use, child health, alcohol problems, work safety, mental health, and smoking.

In concluding, Dr. Warren emphasized that health depends on much more than individual self-care and the treatment of health problems. It also involves mutual aid, and the creation of healthy environments.

Manitoba Data

Dr. Ian Johnson, Provincial Epidemiologist for Non-Communicable Diseases, provided an overview of some of the data used in health promotion planning. Charts and tables of the data are found in Appendix B of this report.

The leading causes of death in Manitoba in 1985 were ischemic heart disease and stroke, followed by lung cancer, pneumonia and influenza. Adverse reproductive outcomes accounted for the greatest number of potential years of life lost before age 70, followed by ischemic heart disease, and motor vehicle injuries. The greatest percentage of hospital days in 1985-1986 were related to circulatory diseases (16.7per cent) followed by injury and poisoning, cancer and mental disease (each accounting for 9.8 per cent of total hospital days).

The Health Promotion Survey carried out by the Health Promotion Directorate of Health and Welfare Canada as well as Statistics Canada provides us with valuable information for health promotion planning in Manitoba as well as a baseline for future evaluation. The survey particularly adds to our knowledge about preventing death and disability from non-communicable diseases.

The survey indicated that 29.7 per cent of adults, age 15 and over in Manitoba are regular smokers, the greatest proportion of these being in the 35 to 44 year age group. For Manitoba 53.2 per cent of adults exercise.

at least three times per week. 15.6% exercise once or twice per week and 27.7 per cent indicated that they never exercise. As one looks at self-reported exercise patterns across age groups, the data indicate that exercise levels are lowest in the 35 to 44 year age group. This data has implications for targetting of fitness programs.

In the area of nutrition, 66.7 per cent of Manitobans agreed with the statement that health can be improved by dietary change. However, 26 per cent agreed that a healthy diet is expensive. Types of food to be avoided included salt (9.9 per cent), sugar (15.7 per cent), fat (17.8 per cent) and cholesterol (16.5 per cent). Forty-seven percent of Manitobans stated that they should eat more fruits and vegetables. Lack of time, no energy, difficulty, and cost were listed as barriers to changing dietary behaviors.

With regard to blood pressure, 55 per cent of respondents had had their blood pressure checked within the last six months, 87 per cent had had their blood pressure checked at least within the last two years. Small sample size of those with high blood pressure within Manitoba did not allow more detailed analysis of data pertaining to blood pressure.

Overall, the health promotion survey indicated that health education per se is not a primary need, but rather that focusing on the perceived barriers to healthy lifestyles should be the thrust of health promotion activities. The major barriers to improving health behaviors appear to be time and energy. Thus, our health promotion efforts should be directed towards addressing these barriers.

HEALTH PROMOTION IN MANITOBA

INTRODUCTION:

The session on Health Promotion in Manitoba was structured in three parts. The first part was presented by Ulrich Wendt, Director of Health Promotion for Manitoba Health. This part introduced Manitoba's comprensive health care services model and the place of health promotion in that model. The role and importance of community mobilization as a strategy for health promotion was discussed. The second part was presented by Margaret Campbell, Coordinator Cardiovascular Health Promotion Program Manitoba Health. She gave a brief overview of the cardiovascular health Promotion program currently in development to illustate the importance of community mobilization and of an integrated service approach. In the third part Jim Evanchuk a fitness consultant in the Directorate presented an innovative community mobilization project carried out in Interlake in 1986.

COMPREHENSIVE HEALTH CARE MODEL:

Manitoba Health's comprehensive health care model is depicted in Figure 2. The model is described in detail in a discussion paper entitled "Manitoba Health Strategic Program Framework" by Dr. Sharon Macdonald and Tom McCormack, which was distributed at the workshop. The model presents a unifying framework for service delivery by Manitoba's health care system.

COMPREHENSIVE HEALTH CARE SERVICES MODEL

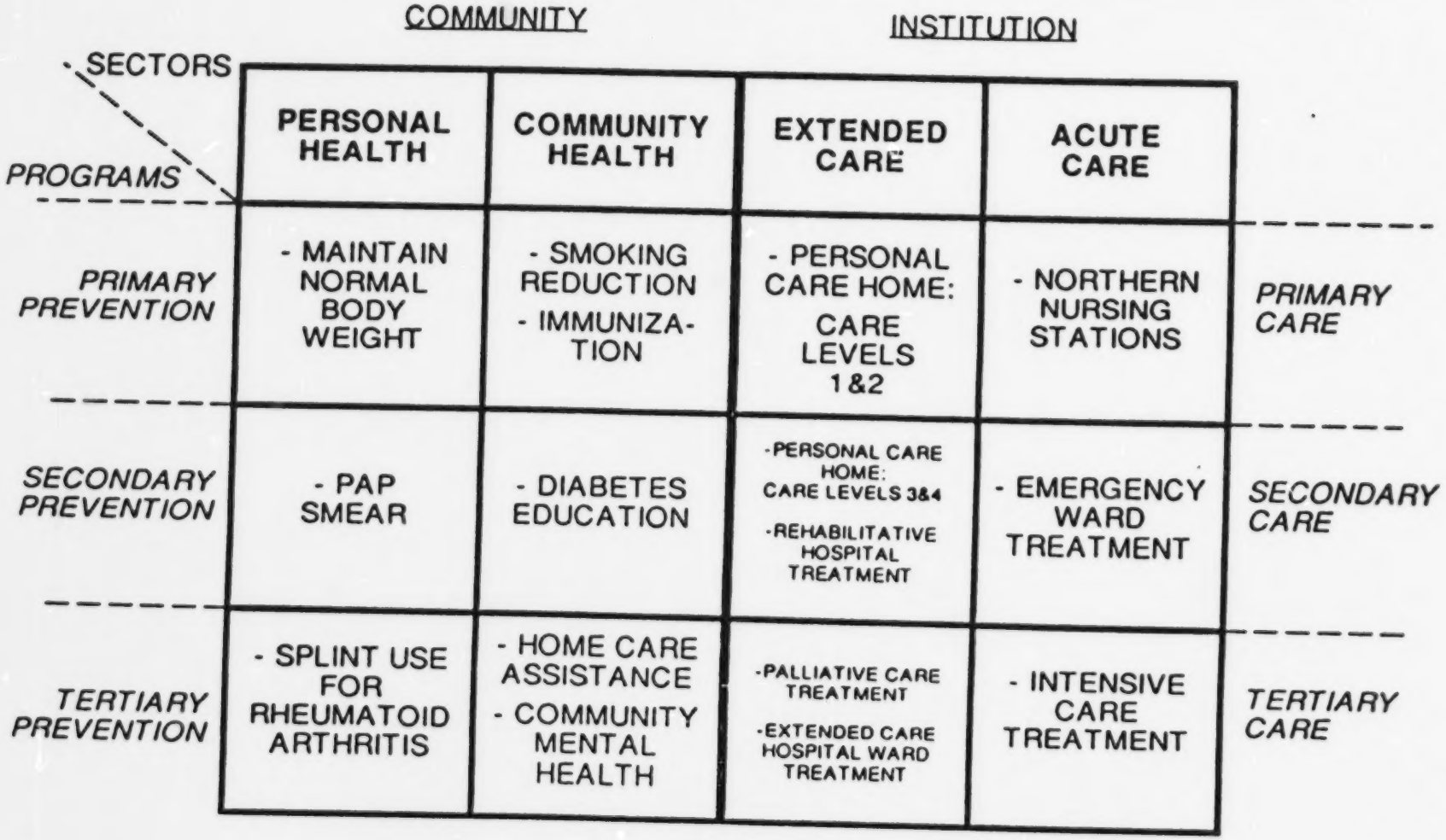


FIGURE 2

Health promotion fits into the model at the level of population-based, primary and secondary prevention initiatives. Health promotion's contribution is aimed at healthy lifestyles, at the social environment, and at healthy social policy. The focus is community health - hence the interest in community mobilization.

COMMUNITY MOBILIZATION:

The definition of community mobilization adopted by the Directorate is "Community/Health partnership in addressing identified health needs." This concept is not new. Even during the earliest days, public health nurses worked together with their communities to address identified health problems. "Partnership" is a key word because it implies that there must be a common understanding and agreement about health priorities and consensus about working together for initiatives such as smoking reduction and fitness.

As a strategy, community mobilization has a number of advantages. First, it helps to build consensus around health priorities. The process also helps to build a constituency for prevention. There is more community ownership of health programs and policies. Because the community is part of the process. By combining community and health resources and aiming them at common initiatives, resources are optimized. Because the focus is at the community level, it is easier to reach the "hard to reach" target groups. As members of the community work together on common projects, the community itself is strengthened. Finally there is a greater tendency to support healthy social policy in general as the community becomes more familiar with a range of health issues.

The role of the health team in implementing the community mobilization strategy begins with initiating community participation. There will be times when the initiative will be taken by the community itself, of course, but the health team continues to have the primary responsibility for approaching the community and getting the process underway. The health team must ensure that the community is adequately represented and that participation involves the whole community not just special interest groups.

The health team is also responsible for ensuring that the necessary information exchange takes place. Health status data and community needs assessments must be presented and communicated to the community with sufficient clarity so that the community is able to make informed choices about priorities and initiatives.

The communication role is key to preventing inadvertent manipulation of communities towards goals that may not be shared. The health team must be careful to ensure that there is true consensus over ends and means. Consensus is an important element of a successful co-operative effort. To support this Health must also be able to supply resources such as expert advice, educational programs and materials, professional support, and "seed" grants where appropriate. Only through tangible support can a true partnership be realized.

The new cardiovascular health promotion program is an example of a program which is ideal for the community mobilization strategy.

CARDIOVASCULAR HEALTH PROMOTION PROGRAM

Cardiovascular disease is a major cause of death and disability in Manitoba, accounting for 34 percent of deaths and over 7,500 potential years of life lost in 1986. Over $59 million was spent on hospital days for ischemic heart disease and stroke in 1986. In the same year, medical payments for ischemic heart disease and stroke exceeded six million dollars. The causal role of three modifiable risk factors in cardiovascular disease - high blood pressure, high blood cholesterol and cigarette smoking - is well established. Studies have demonstrated that public health strategies directed towards these risk factors can significantly reduce the incidence of heart disease and related morbidity. While some activities related to primary prevention of cardiovascular disease have taken place in Manitoba, an integrated and co-ordinated community-based program is currently in development. This new program, entitled "Strengthening the Beat", utilizes community mobilization as its major strategy.

Community mobilization is an appropriate strategy in cardiovascular disease prevention due to the multifactorial nature of cardiovascular disease and the fact that population as well as high risk approaches are necessary to comprehensively address cardiovascular disease. In addition, healthy lifestyle messages require environmental support at the individual and community level.

"Strengthening the Beat" is an integrated program which focuses on healthy nutrition, smoking reduction, physical activity, and blood pressure control. Activities include public education /mass media, health education and counselling, health professional education and demonstration projects.

One of the ways in which the community mobilization strategy has been effectively demonstrated is in the Interlake Health region where a pilot fitness project was undertaken in 1986.

Interlake Fitness Conference

The Interlake Fitness Conference, entitled "Fitting Fitness In" was cosponsored by the Interlake Health Unit Advisory Board, Manitoba Culture Heritage and Recreation, and Manitoba Health. It was an example of the cooperative effort of a number of individuals and agencies interested in increasing fitness activities in the Interlake region.

Events leading up to the fitness conference included the following:

1) initial fitness community interest in fitness conference or event
2) survey of community needs
3) establishment of a conference committee
4) establishment of conference objectives based on consensus
5) Conference planning through cooperative partnership

One hundred residents participated in the conference which was held March 13-15th, 1987 at Lakeside Camp near Gimli. Participants shared their "vision of fitness in the Interlake Region by the year 2000". This vision described a community where everyone would be active and involved, there would be a smoke-free environment, there would be healthy food choices in restaurants and schools, and all residents would have increased self-esteem and self-actualization. A new definition of fitness was articulated by participants to incorporate physical, mental, social and spiritual well being.

Participants spent time discussing community networking and identifying potential additions to their networks which could enhance fitness activities in their community.

As a direct result of the conference, a number of new community groups have emerged and existing groups have become more active in advocating fitness activities. Plans for future conferences of a similar nature are underway.

SMALL GROUP DISCUSSION

The larger group was divided into smaller groups to discuss the implications and application of the health promotion frameworks and data presented. Two questions were specifically addressed by the groups:

1) What are the implications of the frameworks and data for identifying health promotion priorities and program planning?
2) What strategies may be used in mobilizing communities for health promotion in the regions?

A summary of the discussion is presented below.

1. Implications of the Frameworks and Data

In was generally agreed that the data presented at the workshop was only part of a more comprehensive data base required for program planning. Data from a variety of sources and over a long period of time are necessary for appropriate priorization of programs. Data must be relevant and accessible to smaller communities in order to allow local input into program planning. It would appear from the data presented that some target groups for particular health promotion activities are easily identifiable. Examples include the 35 to 55 year old age group for fitness activities, and the 10 to 15 year old age group for smoking prevention activities. The correct interpretation of data at several levels is critical to the establishment of relevant priorities and programs in health promotion. The field health worker is seen as a key player in interpreting and sharing health data at the community level.

2. Application of the Frameworks and Data

There was unanimous agreement that in mobilizing communities, one must start where the people are at, and listen to community issues and concerns. Staff must be prepared to be flexible and accessible to their communities. They must also be skilled in community needs assessment.

New, more creative ways in reaching people with health promotion messages are required. It is paramount that networking occur between private, public, agency and volunteer sectors. Government should be a leader in health promotion, leading by example in establishing health public policy. Health promotion's overall strategy should be a true partnership as opposed to ownership in addressing health issues at the community level.

SUMMARY AND EVALUATION

The full day workshop provided participants with a valuable opportunity to share ideas and concerns about health promotion issues. This was reflected in the positive workshop evaluations by participants. Comments about the workshop included:

- the workshop was helpful in putting some shape into health promotion policy
- good to bring all levels of decision makers together
- re-emphasizes the need for up-to-date data and a community development approach
- stimulated good discussion on the issues of implementing health promotion programs

To follow up on the workshop, participants felt that it would be beneficial to have meetings at the regional level to explore the operationalization of the health promotion strategies identified. It is essential to maintain communication and strengthen networks amongst community health providers and at all levels of health service delivery. A future workshop focussing primarily on implementation issues was suggested for follow up to this workshop.

APPENDIX A

LIST OF PARTICIPANTS

HEALTH PROMOTION WORKSHOP

PARTICIPANTS

Ms. Linda Bakken
Consultant, Long Term Care
M.H.S.C.
599 Empress Street
Winnipeg, Mb.
R3G 3G9

Mr. George Balacko, Chief
Public Health Engineer
Environmental Health
3rd flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Margaret Barbour
Program Administrator
Continuing Care
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Dr. Connie Becker, Director
Maternal and Child Health Directorate
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Joan Bickford
Chief Public Health Nurse
Manitoba Health
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Dr. Sandra Bygarski
Medical Officer of Health
Parklands Region
707 - 3rd Street West
Dauphin, Mb.
R7N 1R8

Ms. Margaret Campbell, Coordinator
Cardiovascular Health Promotion Program
Health Promotion Directorate
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Leslie Chapman
Acting Senior PHN
Thompson Region
871 Thompson Drive
Thompson, Mb.
R8N 1X4

Dr. Peter Cooney
Executive Director,
Dental Health
3rd flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Joanne Dobson
Nutrition Specialist
Health Promotion Directorate
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Linda Drew
Nursing Consultant,
Northern Regions
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Mr. Jim Evanchuk
Fitness Specialist
Health Promotion Directorate
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Dr. Margaret Fast
Director,
Communicable Disease Control
3rd flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Wendy Fergus
Program Officer
Health Promotion Directorate
Health and Welfare Canada
603 - 213 Notre Dame Avenue
Winnipeg, Mb.
R3B 1M8

Ms. Lorraine Fields
Program Analyst
Community Health Services
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Anne Friesen
Senior Public Health Nurse
Eastamn Region
Box 50, 20 First Street
Beausejour, Mb.
R0E 0C0

Mr. Seech Gajadjarsingh
Statistician
Health Promotion Directorate
5th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Mr. Syd Glenesk
Fitness Head
Health Promotion Directorate
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Mr. John Gow
Regional Director
Interlake Region
202 - 446 Main Street
Selkirk, Mb.
R1A 1V7

Dr. Greg Hammond
Director,
Cadham Provincial Laboratory
750 William Avenue
Winnipeg, Manitoba
R3C 3Y1

Ms. Signe Hanson
Regional Director
Health Promotion Directorate
Health and Welfare Canada
603 - 213 Notre Dame Avenue
Winnipeg, Mb.
R3B 1M8

Dr. Betty Havens
Provincial Gerontologist
Manitoba Health
7th flr. - 175 Hargrave Street
Winnipeg, Mb.
R3C 3R8

Ms. Sue Hicks
Regional Director
Winnipeg North
1021 Court Avenue
Winnipeg, Mb.
R2P 1V7

Mr. Sheldon Hiltz
Regional Director
Central Region
25 Tupper Street North
Portage la Prairie, Mb.
R1N 3K1

Ms. Yvonne Hrynkiw
Regional Director
Parkland Region
15 1st Avenue S.W.
Dauphin, Mb.
R7N 1R9

Mr. Clay Hutchinson
Regional Director
Westman Region
340 - 9th Street
Brandon, Mb.
R7A 6A4

Dr. Ian Johnson
Provincial Epidemiologist
Non-Communicable Diseases
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Mr. John Karpan
Regional Director
Norman Region
3rd Street and Ross
The Pas, Mb.
R9A 1M4

Ms. Pat Kinrade
Senior Public Health Nurse
Interlake Region
202 - 446 Main Street
Selkirk, Mb.
R1A 1V7

Ms. Bev Kyle
Coordinator
Support Services to Seniors
175 Hargrave Street
Winnipeg, Mb.
R3C 3R8

Ms. Lynne Kobold-Palser
Health Promotion Consultant
Winnipeg North
1021 Court Avenue
Winnipeg, Mb.
R2P 1V7

Mr. Gordon Kroeker
Program Specialist
Services to Seniors
Health Promotion Directorate
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Mr. Gary Ledoux
Program Officer
Health Promotion Directorate
Health and Welfare Canada
603 - 213 Notre Dame Avenue
Winnipeg, Mb.
R3P 1M8

Ms. Linda Lehman
Senior Public Health Nurse
Central Region
25 Tupper Street North
Portage le Prairie, Mb.
R1N 3K1

Mr. Paul Leveille
Regional Director
Winnipeg South Region
3 - 139 Tuxedo Blvd.
Winnipeg, Mb.
R3G 0N9

Mr. Eric Lubosch
Coordinator
Services to Seniors
Health Promotion Directorate
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Diana Ludwick
Nurse Specialist
Diabetes Education Program
Health Promotion Directorate
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Pat Matusko
Program Specialist
Sexually Transmitted Diseases
3rd flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Mr. Don McLean
Assistant Deputy Minister
Mental Health Services
189 Evanson Street
Winnipeg, Mb.
R3G 0N9

Ms. Mary McMeal
Public Health Nurse
Thompson Region
871 Thompson Drive S.
Thompson, Mb.
R8N 1X4

Ms. Catherine McNeil
Senior Nutrition Consultant
Health Promotion Directorate
4th flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Iola Penner
Coordinator,
Community Programs
Westman Region
340 - 9th Street
Brandon, Mb.
R7A 6C2

Mr. Drew Perry
Director, Child Care
2nd Flr. - 114 Garry Street
Winnipeg, Mb.
R3C 1G1

Mr. John Robson
Executive Director,
Regional Operations,
Winnipeg Regions
313 - 1200 Portage Avenue
Winnipeg, Mb.
R3G 0T5

Mr. John Ross
Executive Director,
Regional Operations,
Rural Regions
C.A.S. Building
114 Garry Street
Winnipeg, Mb.
R3C 1G1

Dr. Bev Rutherford
Medical Officer of Health
Interlake Region
202 - 446 Main Street
Selkirk, Mb.
R1A 1V7

Mr. Harvey Schmidt
Operations Manager
Health Promotion Directorate
4th Flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Mr. Jim Selinger
Director, Hearing Conservation
Community Health Services Division
3rd Flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Ms. Anne Skuba
Coordinator
Smoking Reduction Program
Health Promotion Directorate
4th Flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Mr. Don Stone
Fitness Consultant
Health Promotion Directorate
4th Flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

Mr. Gerhard Suss
Regional Director
20 - 1st Street
Beausejour, Mb.
R0E 0C0

Mr. Bruce Unfried
Area Director
Norman Region
Box 2550
The Pas, Mb.
R9A 1M4

Mr. Richard Voss
Executive Director
Winnipeg West-Central Region
189 Evanson Street
Winnipeg, Mb.
R3G 0N9

Mr. Tom Walters
Director, Mental Health Services
305 - 1200 Portage Avenue
Winnipeg, Mb.
R3G 0T5

Mr. Ulrich Wendt
Director,
Health Promotion Directorate
4th Flr. - 831 Portage Avenue
Winnipeg, Mb.
R3G 0N6

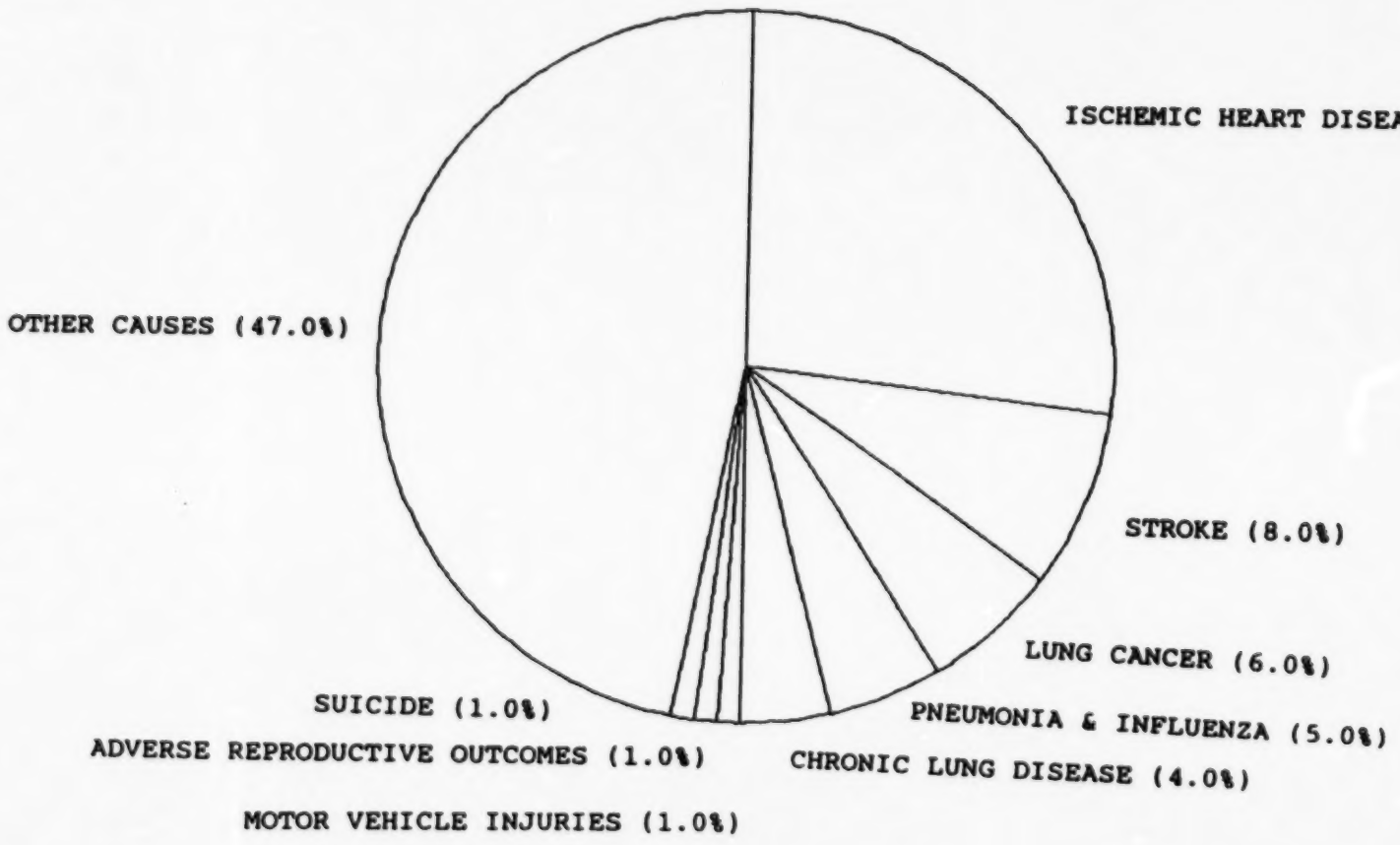
Dr. Reg Warren
Biostatistician
Statistics Canada
Tunney's Pasture
Ottawa, Ontario
K1A 1B4

APPENDIX B

MANITOBA HEALTH PROMOTION DATA

LEADING CAUSES OF DEATH IN MANITOBA

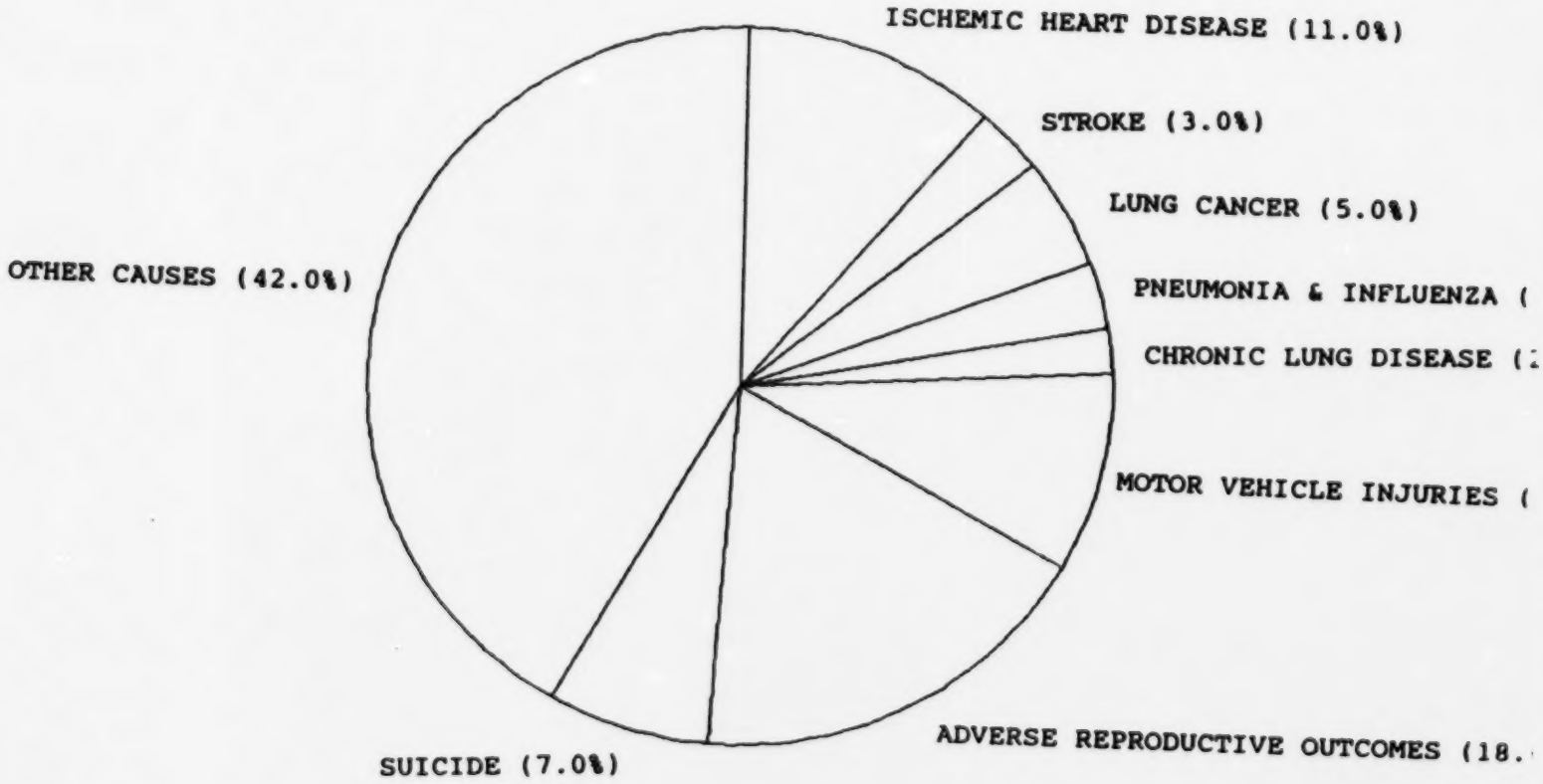
1985



SOURCE: MANITOBA VITAL STATISTICS

POTENTIAL LIFE YEARS LOST BEFORE AGE 70

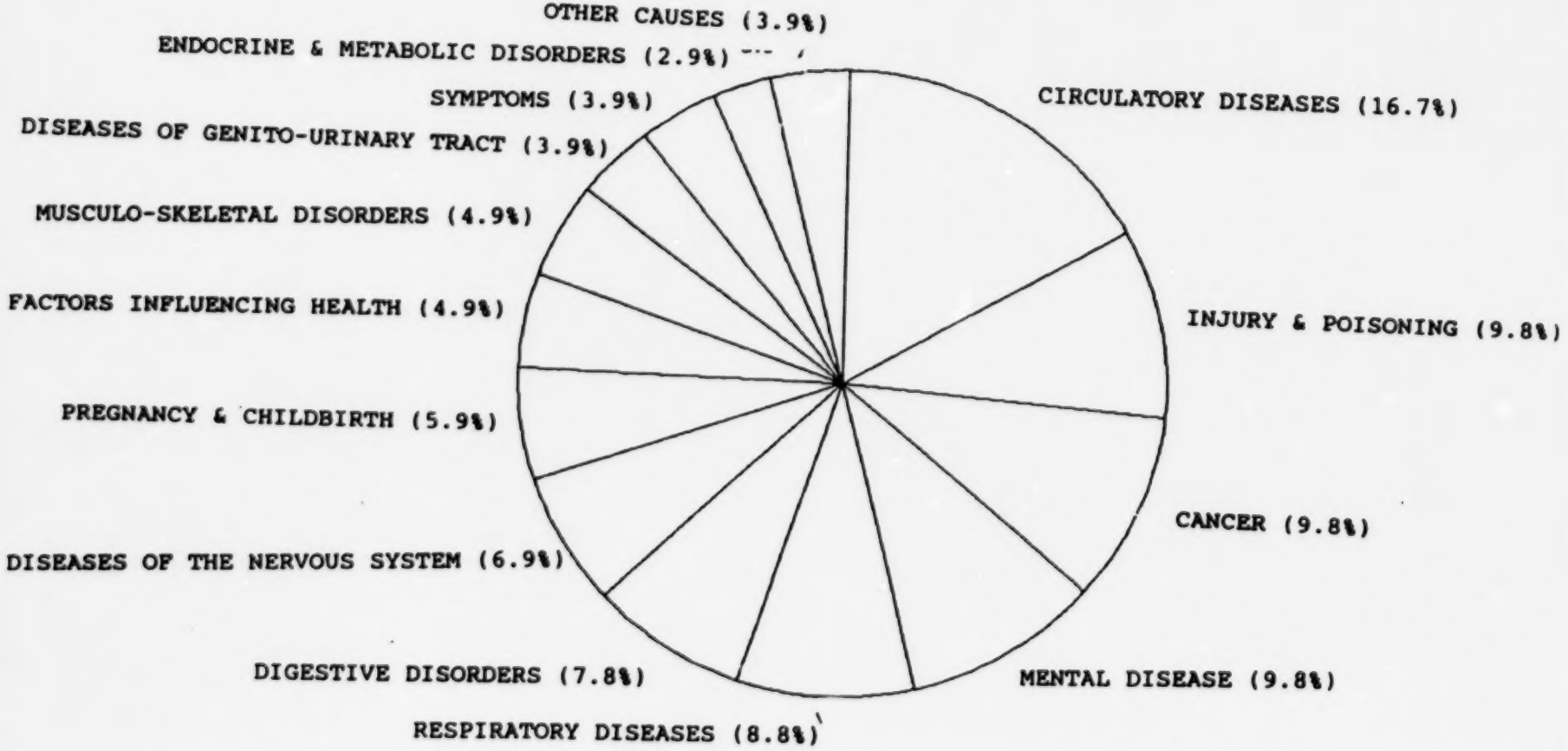
MANITOBA, 1985



SOURCE: MANITOBA VITAL STATISTICS

DISTRIBUTION OF HOSPITAL DAYS BY CAUSE

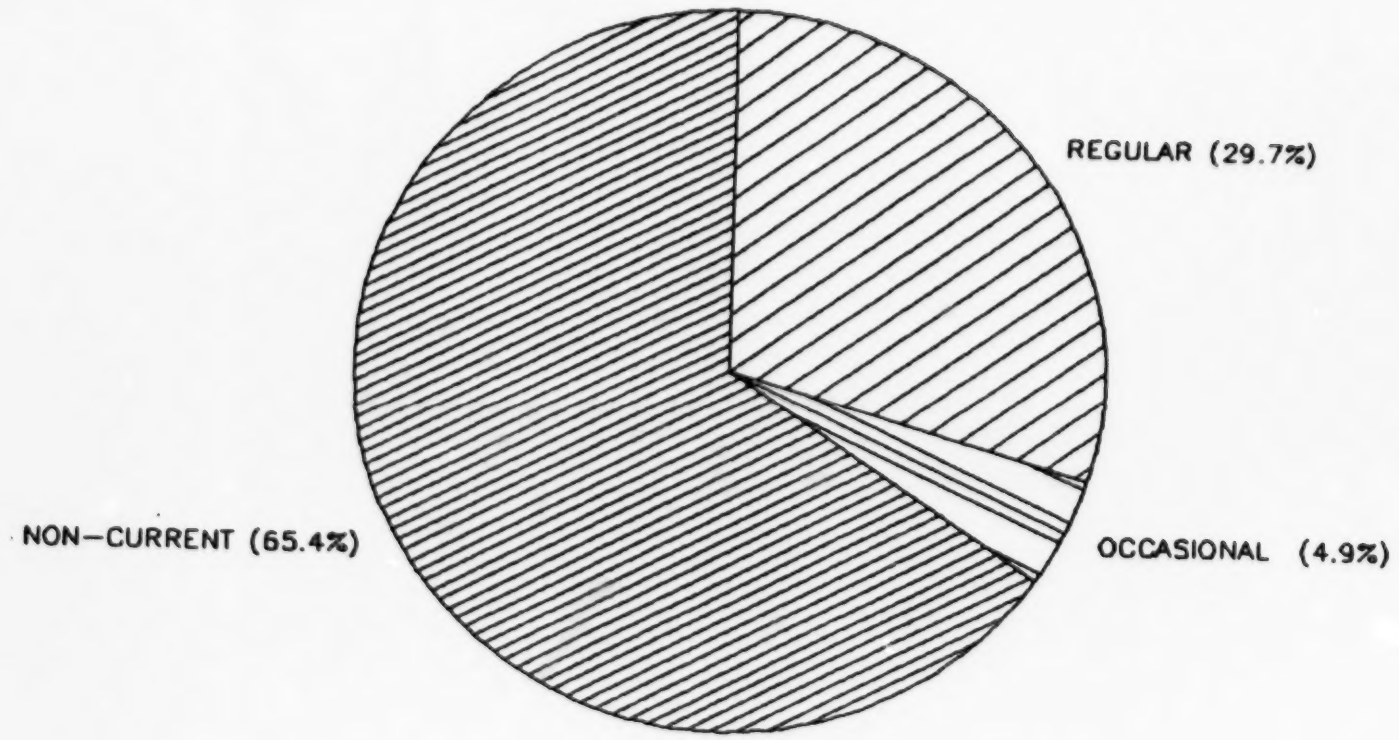
MANITOBA, 1985–86 FISCAL YEAR



SOURCE: M.H.S.C.

DISTRIBUTION OF TOBACCO USE IN MANITOBA

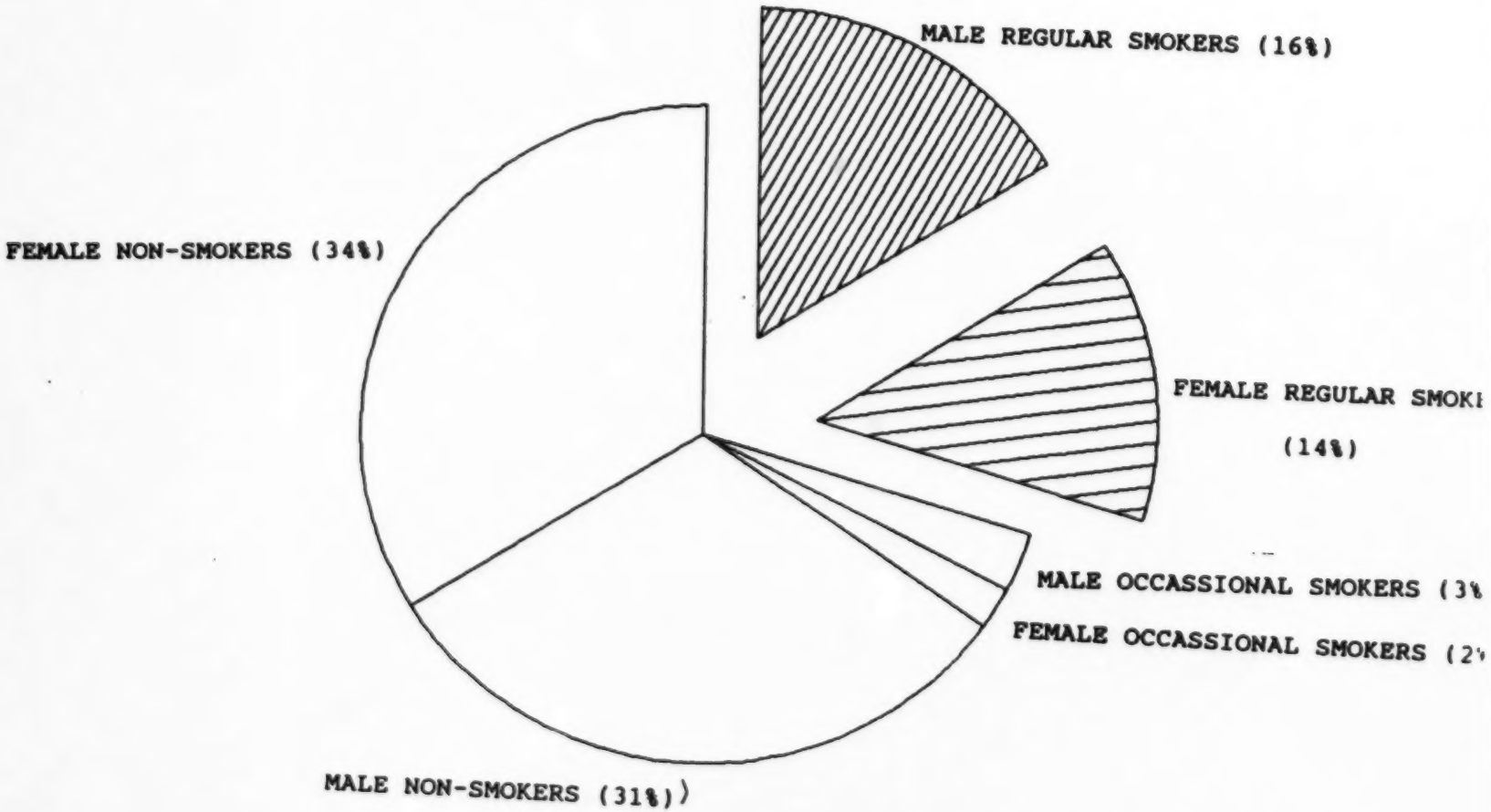
SELF-REPORTED, AGE 15 AND OVER



SOURCE: HEALTH PROMOTION SURVEY

DISTRIBUTION OF TOBACCO USE IN MANITOBA

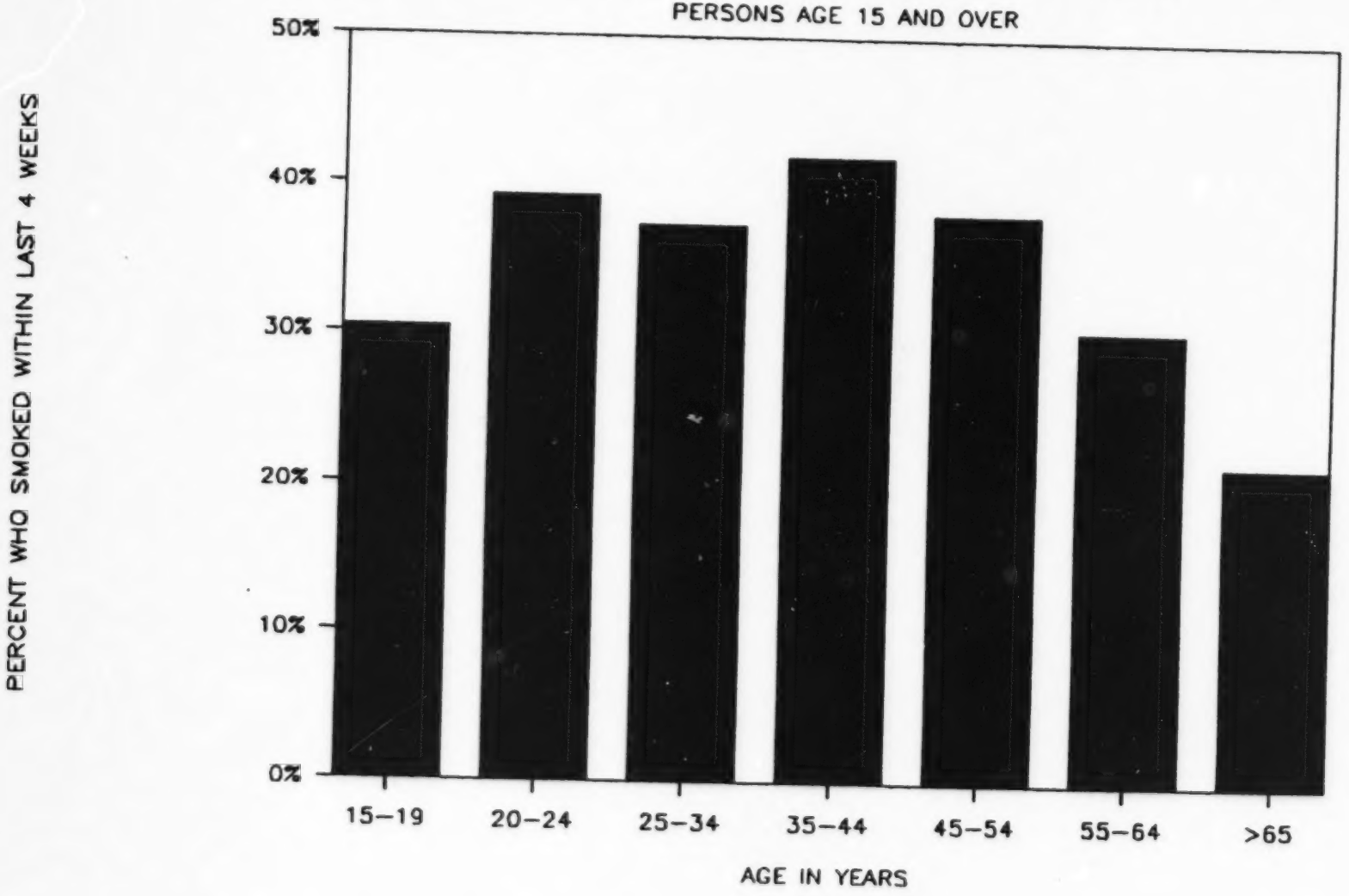
SELF-REPORTED, AGE 15 AND OVER



SOURCE: HEALTH PROMOTION SURVEY

TOBACCO USAGE AMONG MANITOBANS

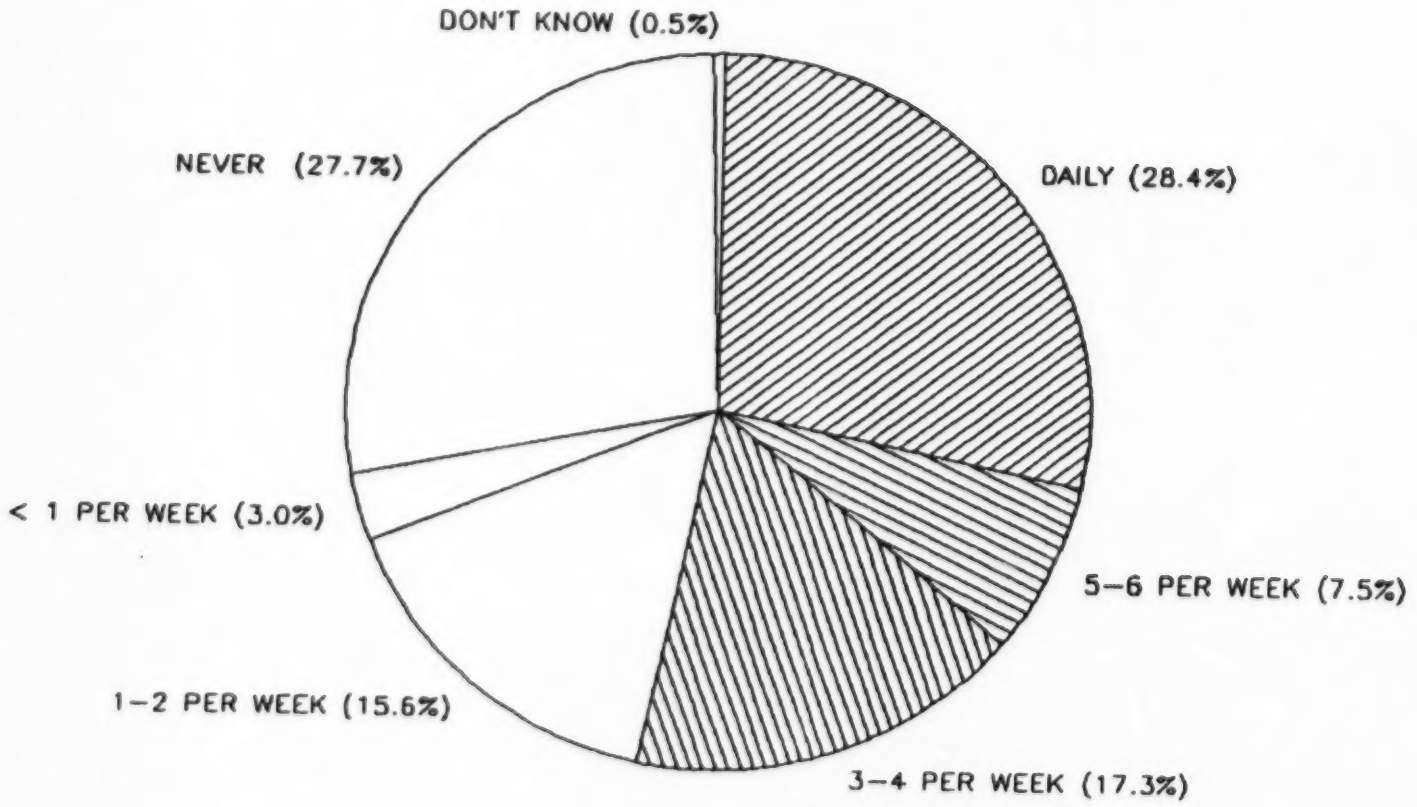
PERSONS AGE 15 AND OVER



SOURCE: HEALTH PROMOTION SURVEY

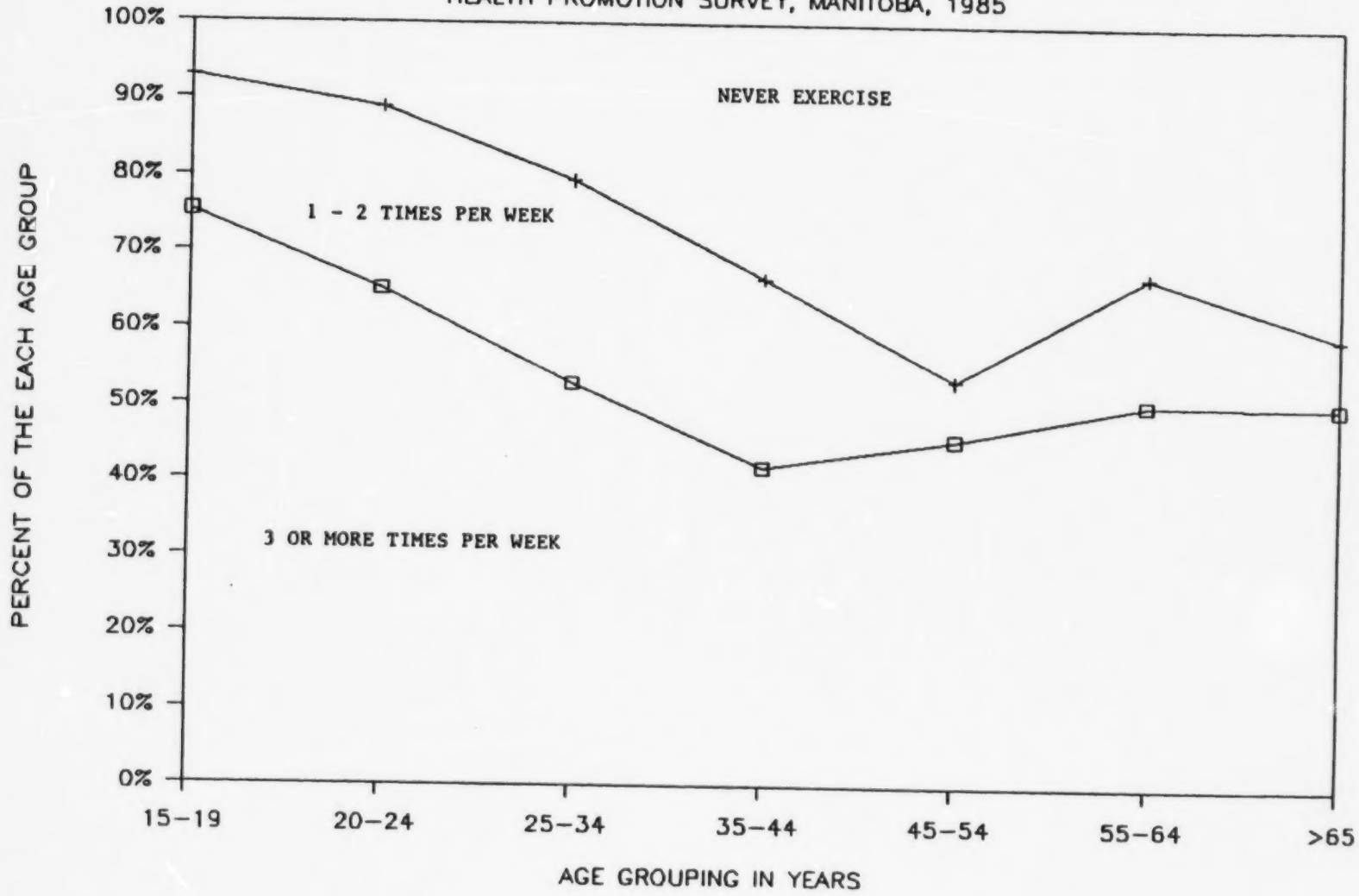
SELF-REPORTED AMOUNT OF EXERCISE

HEALTH PROMOTION SURVEY, MANITOBA 1985



SELF-REPORTED EXERCISE BY AGE

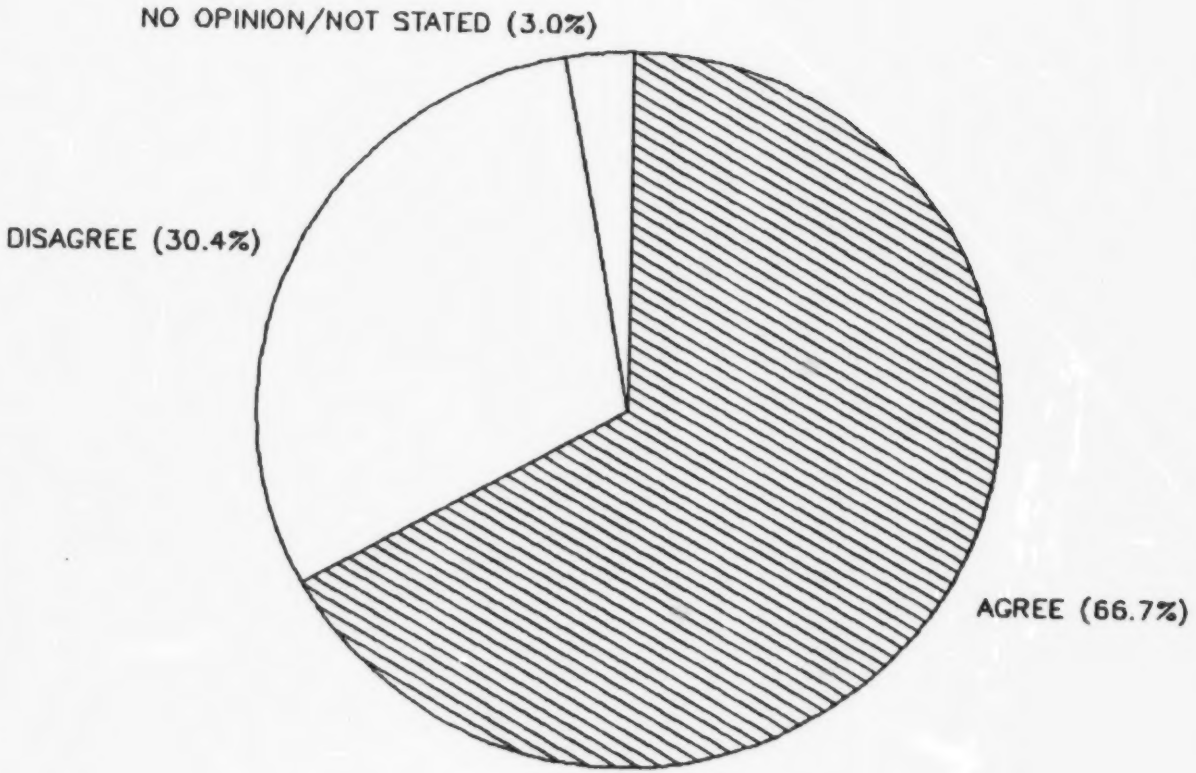
HEALTH PROMOTION SURVEY, MANITOBA, 1985



SOURCE: HEALTH PROMOTION SURVEY

HEALTH CAN BE IMPROVED BY DIETARY CHANGE

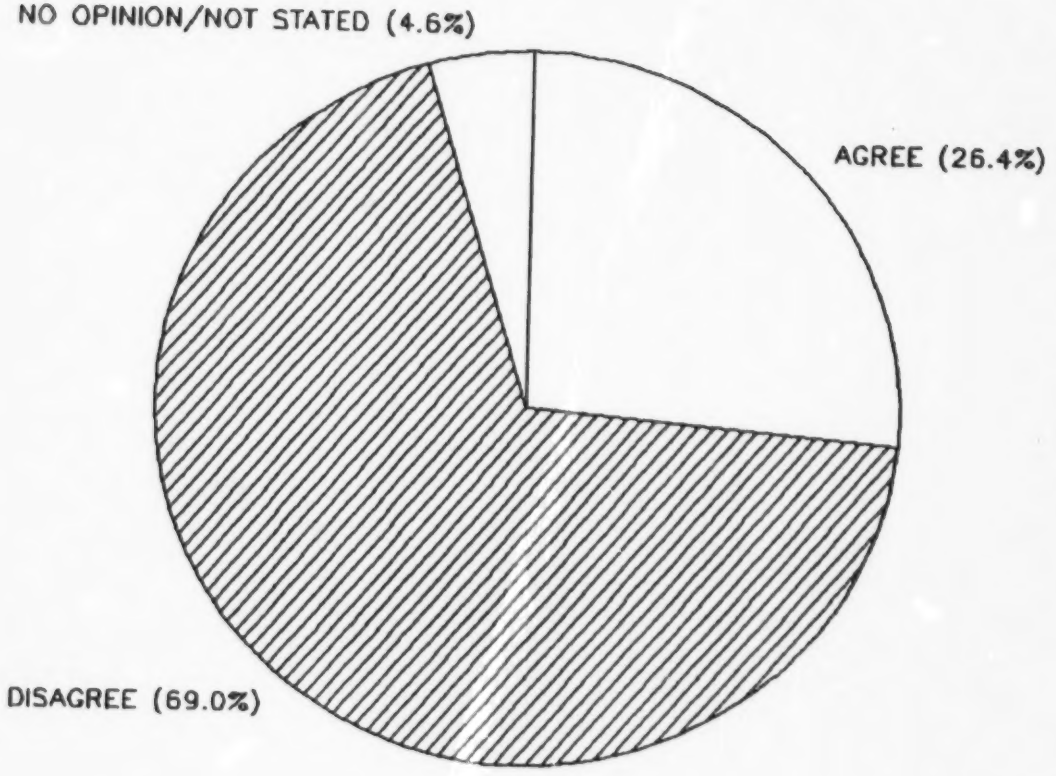
MANITOBA, 1985



SOURCE: HEALTH PROMOTION SURVEY

A HEALTHY DIET IS EXPENSIVE

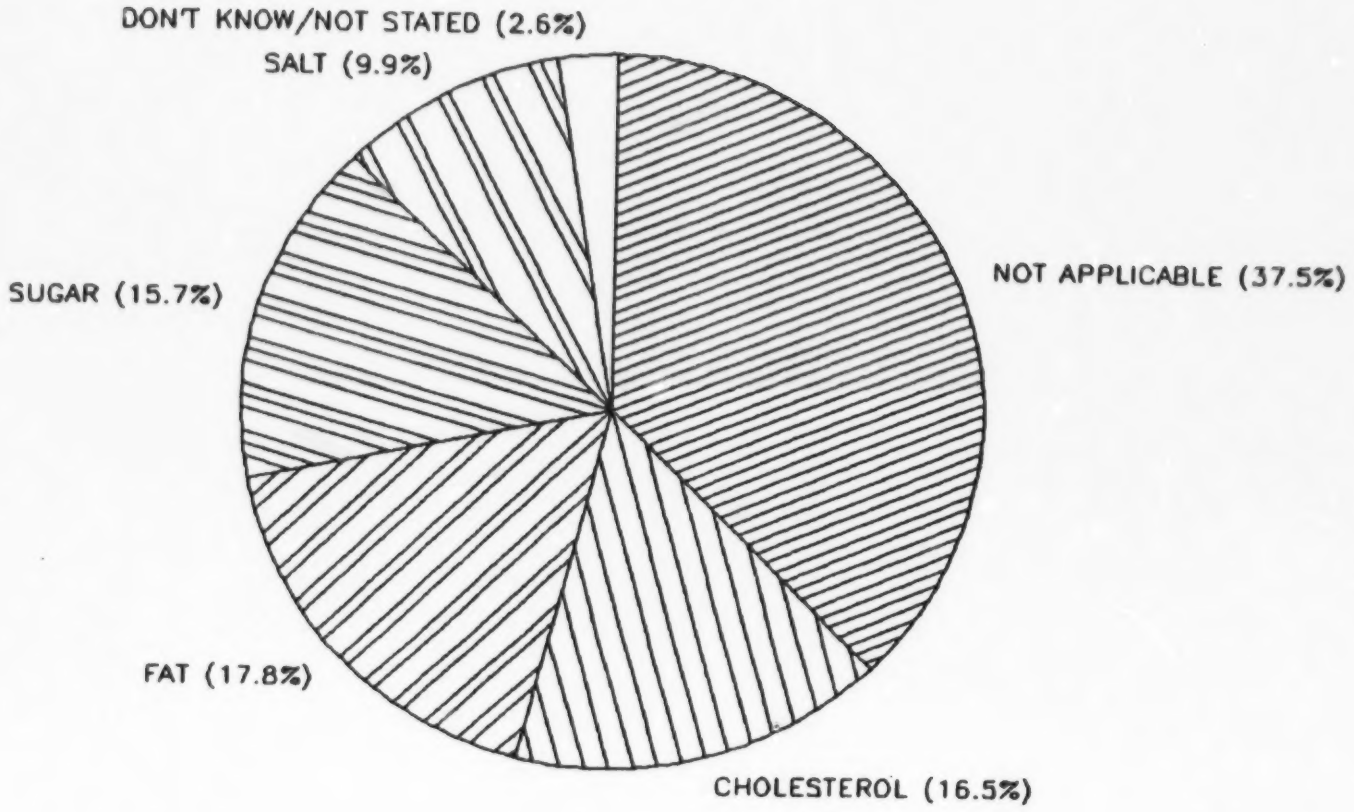
MANITOBA, 1985



SOURCE: HEALTH PROMOTION SURVEY

TYPES OF FOOD TO BE AVOIDED

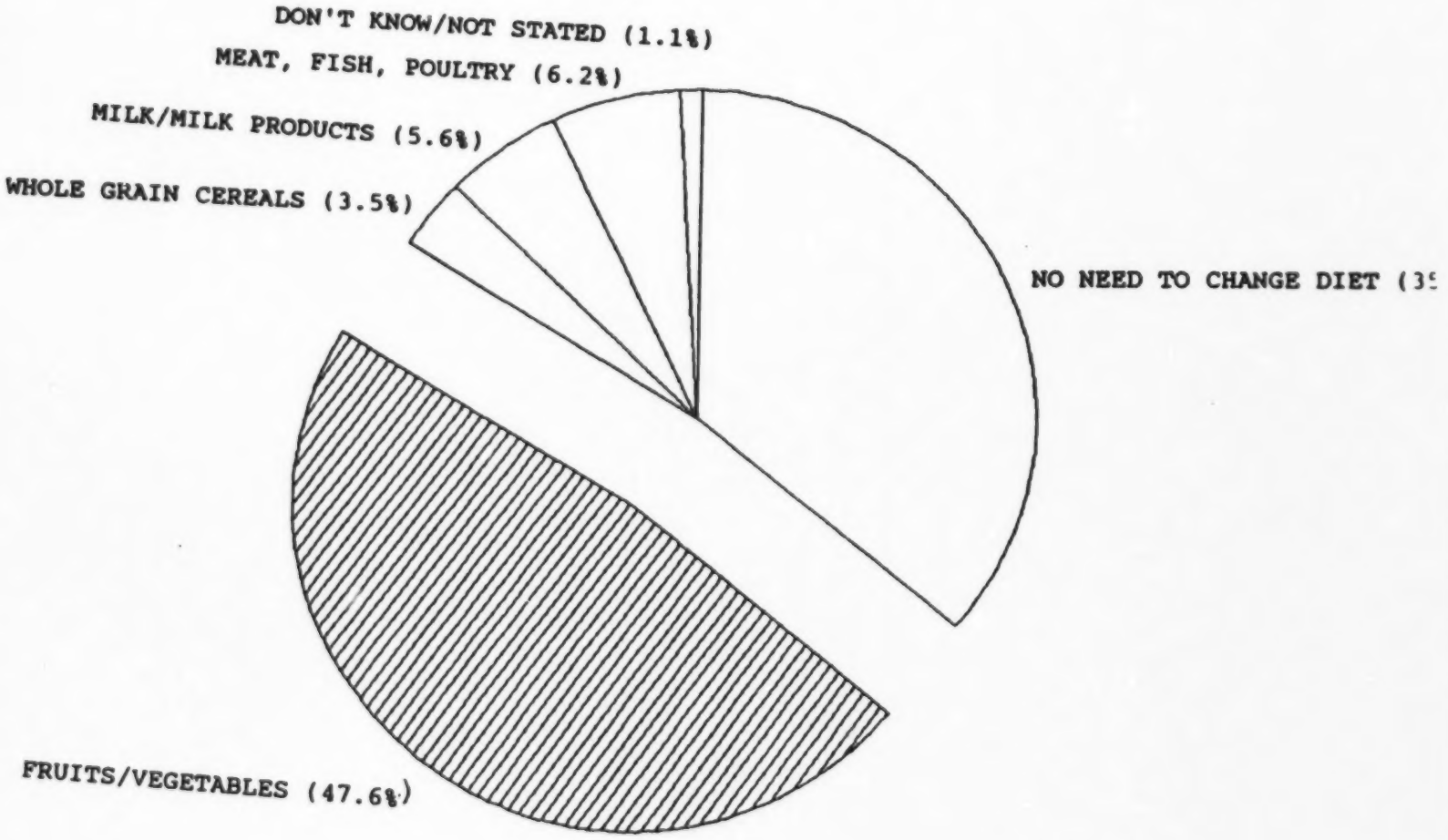
MANITOBA, 1985



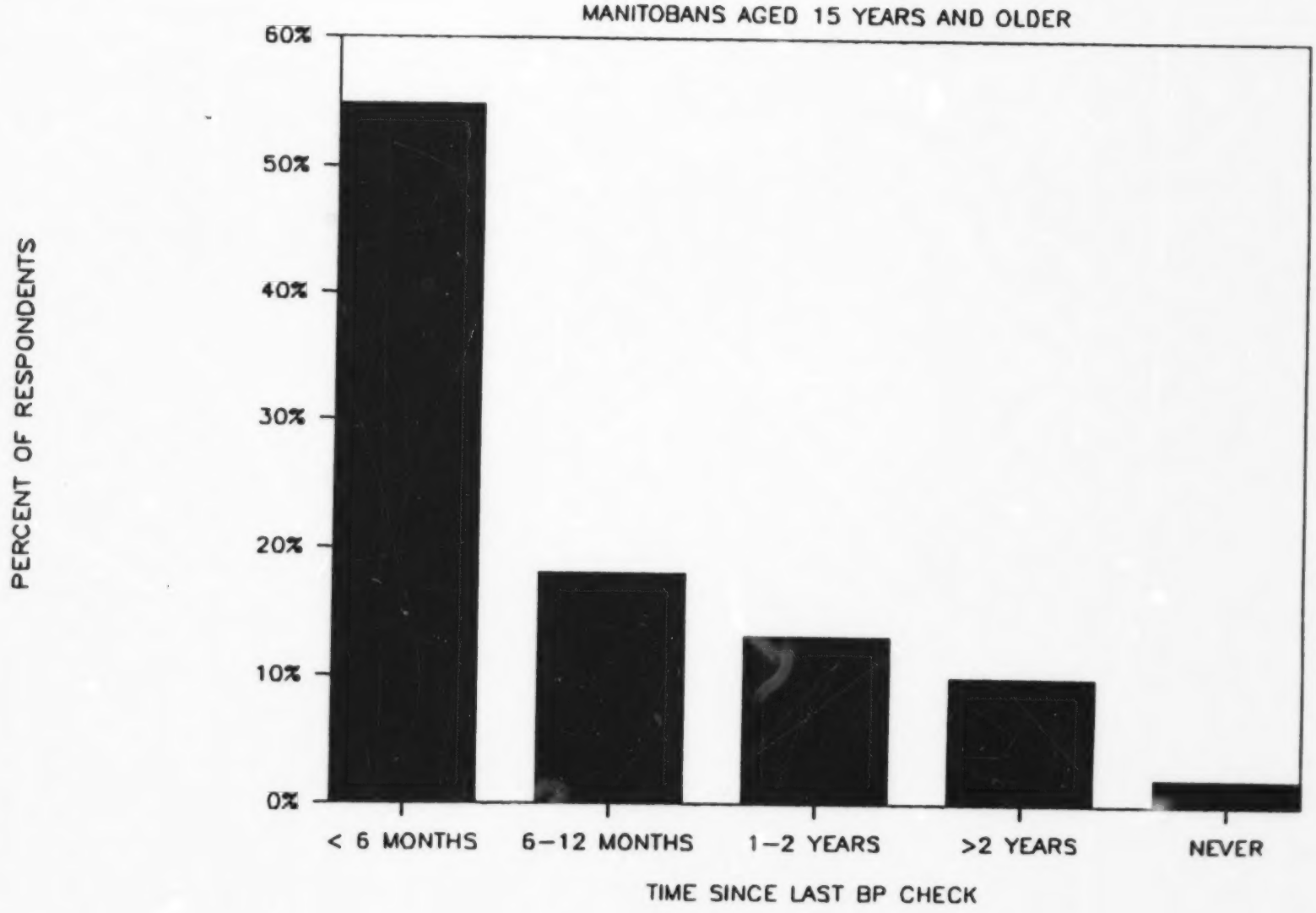
SOURCE: HEALTH PROMOTION SURVEY

FOODS TO BE EATEN MORE FREQUENTLY

MANITOBA, 1985

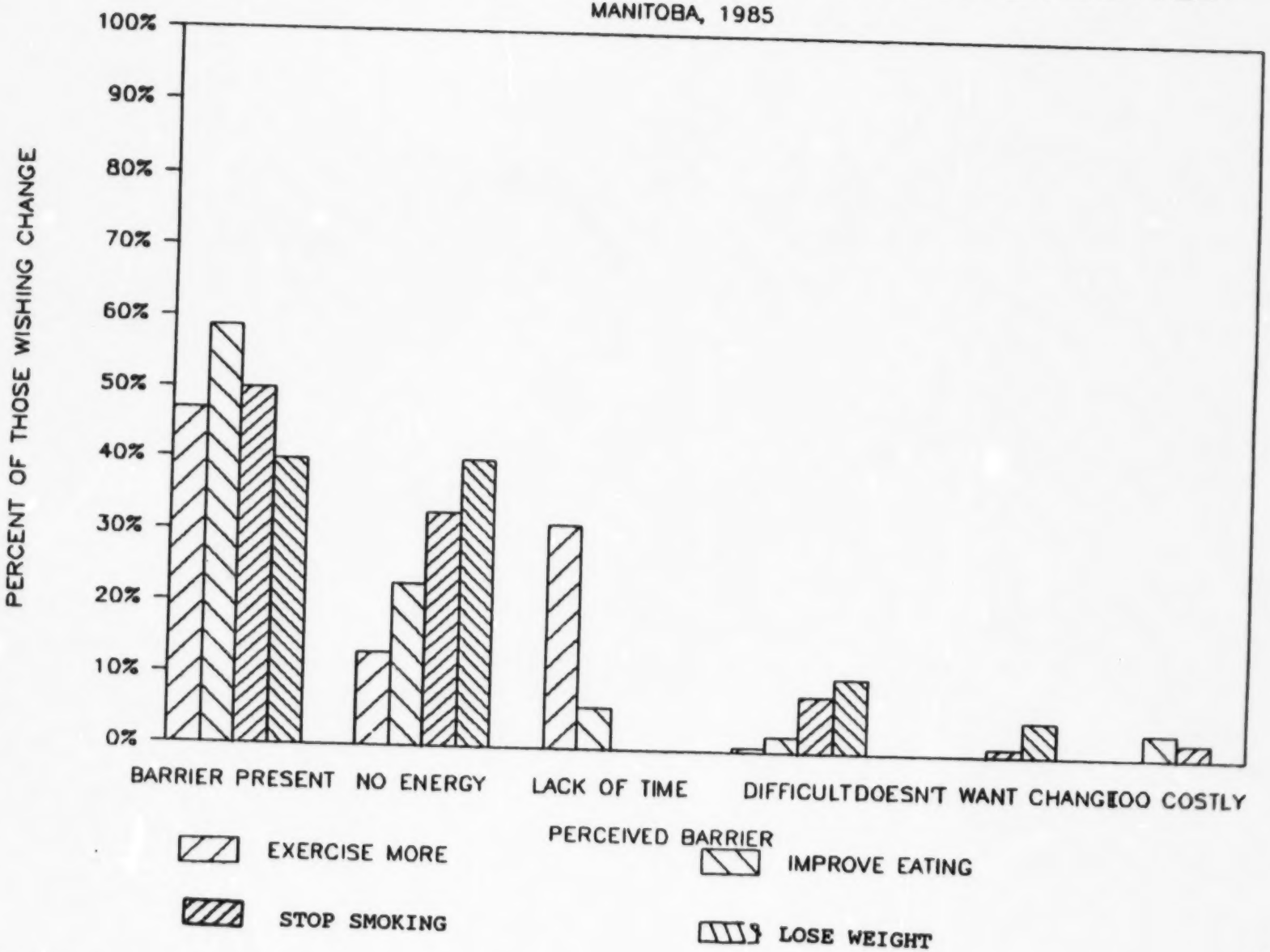


SOURCE: HEALTH PROMOTION SURVEY


MANITOBANS AGED 15 YEARS AND OLDER
PERCENT OF RESPONDENTS
60%
50%
40%
30%
20%
10%
0%
< 6 MONTHS
6–12 MONTHS
1–2 YEARS
>2 YEARS
NEVER
TIME SINCE LAST BP CHECK

PERCEIVED BARRIERS TO CHANGING LIFESTYLE

MANITOBA, 1985



SOURCE: HEALTH PROMOTION SURVEY